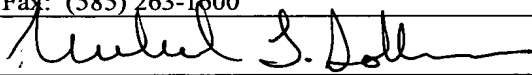
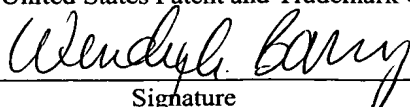


<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/645,250
		Filing Date	August 20, 2003
		First Named Inventor	Muktar A. Mahajan
		Group Art Unit	1636
		Examiner Name	Ramin Akhavan
Total Number of Pages in This Submission	4	Attorney Docket Number	57953/1151 (SAM01-02US)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment (___ pages) (w/ ___ Exhibits) <input type="checkbox"/> After Final <input type="checkbox"/> Declarations Under 37 CFR § 1.131 (___ pages) & ___ Exhibit (___ pages) <input checked="" type="checkbox"/> Petition for Three Month Extension of Time (\$510.00) (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$___) (___ page) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$___) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Combined Declaration and Power of Attorney(s) (___ pages total) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$___) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (___ pages) (\$___) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____  Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$___) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Check in the amount of \$510.00 <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Restriction Requirement (2 pages)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael L. Goldman, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1304 Fax: (585) 263-1600
Signature	 Registration No. 30,727
Date	March 6, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
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